

| CLAIMS ONLY | | | | | | Application Number 10/655028 | Filing Date | | | |
|-----------------|----------|--------|-----------------------|--------|------------------------|---|-------------|--------|-------|--------|
| | | | | | | Applicant(s) | | | | |
| 04-19-07 | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Depend | | | 13 | | | | | | | |
| Total Claims | | | 19 | | | | | | | |